

01/08/02

|  |  |        |             |  |
|--|--|--------|-------------|--|
| P21506.P01<br><b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No.  | P21506 | Total Pages |  |
|  | Inventor(s) or Applicant Identifier<br>Bonnie S. CLARK, Emma M. ESPINOZA, Catherine E. HARRIS, Margaret HASSEL, Anita NERODA, Michael PAQUETTE, Dan ROPER, Carolyn M. UKENA, and Steven VOTAVA |        |             |  |
|  | Title: METHOD AND SYSTEM FOR PRESENTING BILLING INFORMATION ACCORDING TO A CUSTOMER-DEFINED HIERARCHICAL STRUCTURE   |        |             |  |

10/03/02  
10/03/02  
10/03/02

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

| APPLICATION ELEMENTS   | ACCOMPANYING APPLICATION PARTS   |
|--|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form<br>(Submit an original, and a duplicate for fee processing)  | 9. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>a. <input type="checkbox"/> Small Entity Statement(s)   | 10. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))   |
| 3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) [Total Pages <u>34</u> ]<br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure      | 11. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney   |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets <u>21</u> ]   | 12. <input type="checkbox"/> English Translation Document (if applicable)  |
| 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>4</u> ]<br>a. <input type="checkbox"/> Newly executed (original or copy) <input checked="" type="checkbox"/> Unexecuted<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 20 completed)<br>[Note Box 6 below]<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations  |
| 6. <input type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked)<br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.   | 14. <input type="checkbox"/> Preliminary Amendment   |
| 7. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  | 15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)  |
| 8. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)  | 16. <input checked="" type="checkbox"/> Figure of Drawing to be published <u>18</u>  |
|  | 17. <input type="checkbox"/> Foreign priority claimed<br>a. <input type="checkbox"/> Claim of Priority<br>b. <input type="checkbox"/> Certified Copy of Priority Document(s)   |
|  | 18. <input checked="" type="checkbox"/> Assignee: <u>SBC TECHNOLOGY RESOURCES, INC. of Austin, TEXAS</u>   |
|  | 19. <input checked="" type="checkbox"/> Other: <u>Cover Letter under 37 CFR 1.53(b) and (f)</u>  |
| 20. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No. _____/_____, filed _____.<br>Prior application information: Examiner: _____ Group Art Unit: _____   |  |
| 21. <input type="checkbox"/> Amend the specification by inserting before the first line the sentence:<br>This application is a <u>  </u> continuation-in-part, <u>  </u> continuation, <u>  </u> divisional, of Application No. _____/_____, filed _____.  |  |

Address all future correspondence to **Customer No. 7055** at the present address of:

**GREENBLUM & BERNSTEIN, P.L.C.**  
1941 Roland Clarke Place  
Reston, VA 20191  
(703) 716-1191

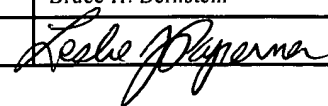
1/8/02  
Date

Leslie Bernstein Reg No 33,329  
Signature  
Bruce H. Bernstein, Reg No. 29,027  
Typed or Printed Name

  
**07055**  
PATENT TRADEMARK OFFICE

|                         |  |                      |                        |        |
|-------------------------|--|----------------------|------------------------|--------|
| <b>FEE TRANSMITTAL</b>  |  | Complete if Known    |                        |        |
|                         |  | Application Number   | Not Yet Assigned       |        |
|                         |  | Filing Date          | Concurrently Herewith  |        |
|                         |  | First Named Inventor | B.S. CLARK et al.      |        |
|                         |  | Group Art Unit       | Unassigned             |        |
|                         |  | Examiner Name        | Unassigned             |        |
| TOTAL AMOUNT OF PAYMENT |  | (\$) <u>1190.00</u>  | Attorney Docket Number | P21506 |

| METHOD OF PAYMENT (check one)   |                 | FEE CALCULATION (continued) |                 |  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
|---|-----------------|-----------------------------|-----------------|--|-----------------|-----------------|----------|-----|-----|-----|-----|--------------------|------------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|--------------------------|--|--|--|--|------------|--------------|-------|----------------|----------|---------|----|------|-------|-------------------|---|------|-------|---------------------------|--|-------|-----|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|--------------------------|--|-----|----|-----|----|---|--|-----|----|-----|---|---|--|--------------------------|--|--|--|--|------------|--|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|-------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|--------------------------|--|--|--|--|----------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <u>19-0089</u></p> <p>Deposit Account Name <u>GREENBLUM &amp; BERNSTEIN, P.L.C.</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3))</p> <p><input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p><input type="checkbox"/> Applicant Claims Small Entity Status See 37 CFR 1.27.</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION (fees effective 10/01/01)</b></p> <p><b>1. FILING FEE</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td><u>740</u></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$)</b></td><td><u>740</u></td></tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>31 -20=</td> <td>11</td> <td>x 18</td> <td>= 198</td> </tr> <tr> <td>Independent 6 -3=</td> <td>3</td> <td>x 84</td> <td>= 252</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td>x 280</td> <td>= 0</td> </tr> </tbody> </table> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$)</b></td><td><u>450</u></td></tr> </tbody> </table> |                 | Large Fee Code              | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description | Fee Paid | 101 | 740 | 201 | 370 | Utility filing fee | <u>740</u> | 106 | 330 | 206 | 165 | Design filing fee |  | 107 | 510 | 207 | 255 | Plant filing fee |  | 108 | 740 | 208 | 370 | Reissue filing fee |  | 114 | 160 | 214 | 80 | Provisional filing fee |  | <b>SUBTOTAL (1) (\$)</b> |  |  |  |  | <u>740</u> | Total Claims | Extra | Fee from below | Fee Paid | 31 -20= | 11 | x 18 | = 198 | Independent 6 -3= | 3 | x 84 | = 252 | Multiple Dependent Claims |  | x 280 | = 0 | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 84 | 202 | 42 | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple dependent claim |  | 109 | 84 | 209 | 42 | Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2) (\$)</b> |  |  |  |  | <u>450</u> | <p><b>3. ADDITIONAL FEES</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR Prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within 1st month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for response within 2nd month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for response within 3rd month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for response within 4th month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for response within 5th month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of IDS</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (3) (\$)</b></td><td><u>0</u></td></tr> </tbody> </table> <p>*Reduced by Basic Filing Fee paid</p> |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR Prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within 1st month |  | 116 | 400 | 216 | 200 | Extension for response within 2nd month |  | 117 | 920 | 217 | 460 | Extension for response within 3rd month |  | 118 | 1,440 | 218 | 720 | Extension for response within 4th month |  | 128 | 1,960 | 228 | 980 | Extension for response within 5th month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application |  | 141 | 1,280 | 241 | 640 | Petition to revive unintentionally abandoned application |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of IDS |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3) (\$)</b> |  |  |  |  | <u>0</u> |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code              | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 101   | 740             | 201                         | 370             | Utility filing fee   | <u>740</u>      |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 106   | 330             | 206                         | 165             | Design filing fee  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 107   | 510             | 207                         | 255             | Plant filing fee   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 108   | 740             | 208                         | 370             | Reissue filing fee   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 114   | 160             | 214                         | 80              | Provisional filing fee   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| <b>SUBTOTAL (1) (\$)</b>  |                 |                             |                 |  | <u>740</u>      |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| Total Claims  | Extra           | Fee from below              | Fee Paid        |  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 31 -20=   | 11              | x 18                        | = 198           |  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| Independent 6 -3=   | 3               | x 84                        | = 252           |  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| Multiple Dependent Claims   |                 | x 280                       | = 0             |  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code              | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 103   | 18              | 203                         | 9               | Claims in excess of 20   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 102   | 84              | 202                         | 42              | Independent claims in excess of 3  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 104   | 280             | 204                         | 140             | Multiple dependent claim   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 109   | 84              | 209                         | 42              | Reissue independent claims over original patent                            |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 110   | 18              | 210                         | 9               | Reissue claims in excess of 20 and over original patent                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| <b>SUBTOTAL (2) (\$)</b>  |                 |                             |                 |  | <u>450</u>      |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code              | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 105   | 130             | 205                         | 65              | Surcharge - late filing fee or oath  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 127   | 50              | 227                         | 25              | Surcharge - late provisional filing fee or cover sheet.                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 139   | 130             | 139                         | 130             | Non-English specification  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 147   | 2,520           | 147                         | 2,520           | For filing a request for reexamination                                     |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 112   | 920*            | 112                         | 920*            | Requesting publication of SIR Prior to Examiner action                     |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 113   | 1,840*          | 113                         | 1,840*          | Requesting publication of SIR after Examiner action                        |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 115   | 110             | 215                         | 55              | Extension for response within 1st month                                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 116   | 400             | 216                         | 200             | Extension for response within 2nd month                                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 117   | 920             | 217                         | 460             | Extension for response within 3rd month                                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 118   | 1,440           | 218                         | 720             | Extension for response within 4th month                                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 128   | 1,960           | 228                         | 980             | Extension for response within 5th month                                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 119   | 320             | 219                         | 160             | Notice of Appeal   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 120   | 320             | 220                         | 160             | Filing a brief in support of an appeal                                     |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 121   | 280             | 221                         | 140             | Request for oral hearing   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 138   | 1,510           | 138                         | 1,510           | Petition to institute a public use proceeding                              |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 140   | 110             | 240                         | 55              | Petition to revive unavoidably abandoned application                       |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 141   | 1,280           | 241                         | 640             | Petition to revive unintentionally abandoned application                   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 142   | 1,280           | 242                         | 640             | Utility issue fee (or reissue)   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 143   | 460             | 243                         | 230             | Design issue fee   |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 144   | 620             | 244                         | 310             | Plant issue fee  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 122   | 130             | 122                         | 130             | Petitions to the Commissioner  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 123   | 50              | 123                         | 50              | Petitions related to provisional applications                              |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 126   | 180             | 126                         | 180             | Submission of IDS  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 581   | 40              | 581                         | 40              | Recording each patent assignment per property (times number of properties) |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 146   | 740             | 246                         | 370             | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 149   | 740             | 249                         | 370             | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 179   | 740             | 279                         | 370             | Request for Continued Examination (RCE)                                    |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| 169   | 900             | 169                         | 900             | Request for expedited examination of a design application                  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| Other fee (specify) _____   |                 |                             |                 |  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| Other fee (specify) _____   |                 |                             |                 |  |                 |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |
| <b>SUBTOTAL (3) (\$)</b>  |                 |                             |                 |  | <u>0</u>        |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                          |  |  |  |  |            |              |       |                |          |         |    |      |       |                   |   |      |       |                           |  |       |     |                |                 |                |                 |                 |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |    |     |   |   |  |                          |  |  |  |  |            |  |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |   |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |       |     |     |   |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |                   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                           |  |  |  |  |  |                          |  |  |  |  |          |

|                       |  |   |  |                          |  |
|-----------------------|--|---|--|--------------------------|--|
| SUBMITTED BY          |  |   |  | Complete (if applicable) |  |
| Typed or Printed Name |  | Bruce H. Bernstein  |  | Reg. Number              |  |
| Signature             |  |  |  | 29,027                   |  |
|                       |  | Date  |  | Deposit Account User ID  |  |
|                       |  | 1/8/02  |  |                          |  |

P21506.P03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :B.S. CLARK et al.

Serial No :Not Yet Assigned

Filed :Concurrently Herewith

For :METHOD AND SYSTEM FOR PRESENTING BILLING INFORMATION  
ACCORDING TO A CUSTOMER-DEFINED HIERARCHAL STRUCTURE

**COVER LETTER ACCOMPANYING U.S. PATENT APPLICATION  
FILED UNDER 37 C.F.R. 1.53(b) and 1.53(f)**

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

Enclosed is a new patent application for filing in the U.S. Patent and Trademark Office under 37 C.F.R. 1.53(b) and 1.53(f) in which the Declaration and Power of Attorney attached thereto are in unexecuted form. A properly executed Declaration and Power of Attorney will be filed within the time period set forth in the Notice to File Missing Parts of Application, unless such time period has been extended by the filing of a petition accompanied by the extension fee under the provisions of 37 C.F.R. 1.136(a).

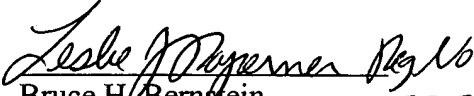
Related to this, a correspondence address is provided in the unexecuted Declaration and Power of Attorney, and is as follows:

GREENBLUM & BERNSTEIN, P.L.C.  
1941 Roland Clarke Place  
Reston, Va. 20191

The above-identified application includes:

- 34 pages of specification with abstract.
- 21 sheets of drawings with 21 figures.
- 31 total claims and 6 independent.
- an unexecuted Declaration and Power of Attorney.

Respectfully submitted,  
B.S. CLARK et al.

  
Bruce H. Bernstein  
Reg. No. 29,027 33,329

January 8, 2002  
GREENBLUM & BERNSTEIN, P.L.C.  
1941 Roland Clarke Place  
Reston, VA 20191  
(703) 716-1191

20030305 10:10:02